Baltimore City Health Department
Ryan White Title I Office

FY 2001 Unduplicated Client Level Data
Final Report
July 2002

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Section 1. Introduction

The Baltimore City Health Department (BCHD), recognizing the need to improve on the accuracy and timeliness of information released by the Ryan White Title I Office, initiated the "Unduplicated Client-Level Demographic Initiative" in FY 2001. Having client-level data will enable BCHD to conduct analysis of client demographics, client medical outcomes, and the service utilization data. The analyses of health indicators, such as the CD4 count, Viral Load count, and other laboratory tests will serve as a means to validate adherence to standards and contribute to the improvement of the service delivery system.

Since 1992, BCHD's best guess on the number of Ryan White clients served was based, and depended solely on the accurate reporting of service providers, on unduplicated clients served by individual programs. The number of clients served by each provider was submitted to BCHD and aggregated into an EMA count. BCHD would report to the Health Services & Resources Administration (HRSA) a duplicated count of clients in the Annual Administrative Report.

Without any specific or constant data elements available from year to year, the BCHD, and in particular the Greater Baltimore HIV Health Services Planning Council (PC) were not able to properly develop and monitor service initiatives, and were further hampered in make funding allocation decisions. Over the past five years, BCHD has reported the number of clients served from a high of 47,000 to a low of 21,000.

In February 2001, BCHD and the AIDS Administration began collaboration on developing the AIDS Information Management System (AIMS). The system will be a central database utilized by both Title I and II service providers. The AIMS will identify and track clients by the Maryland Unique Patient Identification Number (UI), and not the HRSA Unique Record Number (URN). The system was originally scheduled for full implementation by the beginning of the FY 2002 program year. There were development delays, and the AIMS application is not yet ready for full production, but is currently undergoing acceptance testing at several Title I and II provider facilities. The implementation date has been moved to the start of the Title I FY 2003 year.

HRSA, as the federal administrative agent for Title I Grantees, has increasingly added additional, and more specific reporting requirements. The PC, in their efforts to maintain a quality continuum of medical care and supportive services in the Baltimore EMA, require timely, accurate, and meaningful unduplicated client demographics and service outcome data to properly evaluate the success of funded programs.

There is an urgency by all involved, to ensure whatever actions are taken; BCHD does not repeat the past failed MIS initiatives undertaken, and there is not an unreasonable administrative burden placed on service providers. To that end BCHD, as an interim plan, implemented the "Unduplicated Client-Level Demographics Initiative". BCHD reviewed the existing reporting requirements of HRSA and the PC. There were discussion groups held with service providers, and a review of past activities at BCHD related to data collection.

From an administrative posture, BCHD is committed to implementing a centralized system associated with monitoring CARE Act dollars. The Baltimore EMA must be able to report unduplicated client-level demographics, continue to collect and provide for the timely update of demographic data, conduct meaningful analysis, trending, and reporting of client service utilization, and the attainment of established outcome measurement to validate the level of services performed, and to properly account for funds allocated and expended.

Section 2. Methodology

The objective of this initiative project was to establish centralized databases that could identify Ryan Title I clients served, by way of a Unique Record Number (URN). The AIDS Administration employs a Unique Identifier (UI) reporting system for HIV+ cases, and a name reporting system for AIDS cases. BCHD requires a baseline information management system that will assist in their efforts to address mandated reporting, planning and service assessment activities, and have the capacity to:

- Collect and store client-level demographics and service utilization data received from providers funded through Title I,
- Un-duplicate and analyze client-level data to determine service utilization trends by geographic region, identify special populations served, and establish a demographic profile of the Baltimore EMA,
- Measure health outcomes such as C4D and Viral Load counts to determine the wellness of clients served, and the potential need for increased medical services,
- Measure client participation and adherence to case management programs,
- Perform client tracking and other functions to ensure clients are receiving a continuum of care, and
- Integrate data collected across all HIV/AIDS related programs funded through, or administered by BCHD to ensure the efficiency of the Title I program.

Reporting and information requests from HRSA, the Planning Council and management needs at BCHD are becoming more specific, and require verifiable demographics and service outcome data. As the Administrative Agent, BCHD must be able to report client and service utilization data to HRSA and the Planning Council. The information captured in these databases will be maintained by the Administrative Agencies (Baltimore City Health Department and Associated Black Charities). Information will be provided to the Greater Baltimore HIV Health Services Planning Council, and other HIV/AIDS agencies as applicable for planning, allocation, and assessment purposes.

Based on the data needs of BCHD and the PC, 32 data elements were identified that provide meaningful information for administrating Title I programs, and conduct service planning and funding allocation activities. An Information Management consultant was hired to develop the databases in accordance with the established data elements defined by BCHD. The consultant was responsible for the collection of raw data from service providers, data entry of the information into the databases, and conducting limited quality review and validation. Table 1 lists the 32 data elements used.

Table 1 – Unduplicated Client-Level Demographics

Item #	Variable Name	General Variable Description
1	Unique Record Number (URN)	Conforms to HRSA's URN format
2	Intake Date	First time client receives services
3	Most Recent Update of Record	An update is required every six months of clients file
4	Zip Code	Principle residents
5	Date of Birth	Month, Day, Year
6	Gender	Male, Female, Transgender
7	Racial/Ethnic	White, Black, Hispanic, Asian, Native Hawaiian, Other Pacific Islander, American Indian, Alaskan Native, Other, More Than One Race
8	Private Insurance	Yes – No – Pending
9	Medicaid	Yes – No – Pending
10	Other Public Insurance	Yes – No – Pending
11	HIV Diagnosis	HIV +, AIDS, HIV -
12	HIV Positive Year	Year Diagnosis Made
13	Source of HIV Status	How was status verified?
14	Source of AIDS Status	How was status verified?
15	CD4 Count	Current CD4 Count
16	Viral Load Count	Current Viral Load Count
17	Is Client Homeless	Yes – No
18	Is Client a Substance Abuser	Yes – No
19	Does Client have An Active Psychiatric Illness	Yes – No
20	Primary Health Care Source	Hospital – HMO- Emergency Room – Clinic
21	Tuberculosis Status	Active – Inactive – No TB
22	TB Treatment	Treatment – Prophylaxis – None
23	Was PPD Performed	Yes – No
24	Results of PPD	Positive – Negative
25	Is Client Anergic	Yes – No
26	Exposure Category	MSM
27	Exposure Category	IDU
28	Exposure Category	Heterosexual
29	Exposure Category	Other/Undetermined
30	Exposure Category	Pediatric – Mother with, or at risk for HIV
31	Exposure Category	Pediatric – Coagulation/Blood Transfusion
32	Provider Number	Unique Number for Service Provider

HRSA Reporting Requirements: Data elements required for the Annual Administrative Report were reviewed. Also reviewed were the data elements in the new "CARE Act Data Report" to be implemented in the FY 2002 report. Previously HRSA required EMA's to report aggregated client and service utilization data for all eligible clients served. The major change will be the required for providers to report at the unduplicated client-level. Additionally, HRSA has added new demographic and medical outcome measures to the CARE Act Data Report.

Planning Council Requirements: BCHD is actively involved with the Planning Council to identify the most useful, and accessible data elements related to clients served through Title I. Discussions have occurred over the past year between BCHD and the major planning and allocation sub-committees, to include the Evaluation, Comprehensive Planning, Needs Assessment and Carry Over Work Groups. A minimum set of data elements was identified as being accessible by providers to report, and useful to the planning process. The majority of these elements are client-level demographics.

Service Provider Limitations: Whatever data elements BCHD and the Planning Council identify as required to support the administration and planning of Title I dollars, the over-riding factor was and still remains for BCHD, ensuring the requirements for data from providers are reasonable. That providers are able to timely and accurately produce the information as requested and not be burdened with the request. From previous reviews of vendor data systems, we know that there are no less than 20 difference procedures employed by vendors to maintain client data to including "stubby pencil". This situation makes standardization and compliance with data requests very difficult.

Separate meetings were held with medical care and supportive service providers to validate the data elements established. Additionally, BCHD addressed other issues associated with their ability to capture, collect, and report data. The outcome of these meetings was the data variables in Table 1 - Unduplicated Client-Level Demographics. These data elements were considered the most reasonable, and realistic as data reporting requirements.

Other Agencies and Programs: BCHD discussed data reporting, methods and tools used in data collection tools, and effectiveness of data management programs with the AIDS Administration, Office of Homeless Services, Housing Opportunities for PLWA, and several local community based programs. No additional data elements were derived from this process, but some understanding was gained related to the usefulness of the data elements proposed.

In FY 2001, BCHD initiated the Quality Improvement Program with reviews of Primary Medical Care and Case Management service categories. Client chart reviews and data abstraction are conducted during the reviews, and BCHD is reviewing how medically related data elements can be merged into the standard databases.

Section 3. Client-Level Demographic Elements

Using the calendar year of 2001 as the service period, data was requested from 53 organizations providing direct client services in 22 allocated service categories. Of these providers, 96% were able to submit unduplicated client-level data in accordance to the reporting format required. Only 67% of these same providers were able to comply with the reporting of both client-level demographics and aggregated service utilization data.

A total of 15,723 duplicated clients were reported. All client records submitted included a Unique Record Number, which conformed to the HRSA-defined Unique Record Number (URN) format. This is the same URN format used in the CARE Ware product supported by HRSA for client-level reporting.

1. Unique Record Number (URN)

The total number of unduplicated clients identified using Title I funds throughout the EMA for the period of January 1 through December 31, 2001 was established at 10,572 clients. Baltimore City, as expected, has the largest share of clients at 68%. This figure is comparable with what's reported by the AIDS Administration Epidemiological office.

DISTRIBUTION OF CLIENTS BY COUNTY OF RESIDENCE

County	Frequency	Percent	Percent (with valid Zip's)
Anne Arundel County	387	3.7%	4.1%
Baltimore City	7,232	68.4%	76.1%
Baltimore County	865	8.2%	9.1%
Carroll County	73	0.7%	.8%
Harford County	220	2.1%	2.3%
Howard County	170	1.6%	1.8%
Queen Anne County	36	0.3%	.4%
Outside EMA	518	4.9%	5.5%
Incomplete ZIP	40	0.4%	N/A
No Data Submitted	1,031	9.8%	N/A
Total	**10,572**	**100.0%**	

Note: Clients living in cross-county zip codes were apportioned into each appropriate county.

2. Intake Date

The variable was included to identify retention trends of clients served. The Baltimore EMA has received Ryan White CARE Act funding since 1992, and clients identified spanned that period. There was a valid entry submitted for 78% (N=8,270) clients. The chart below depictures the growth pattern of those clients. There was not a valid entry for N=2,302.

Client Initial Intake with a Ryan White Provider
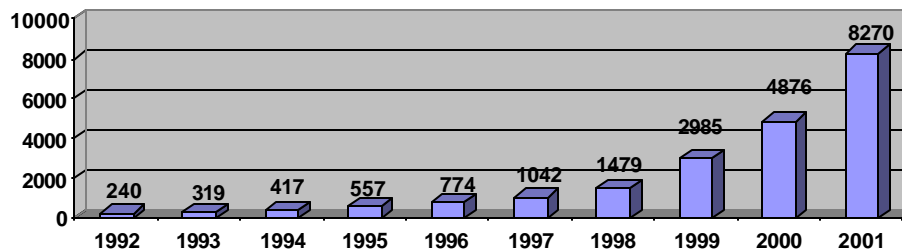
Over the past four years, there were N=7,228 documented initial intakes with Ryan White Title I providers. This represented 68% of all clients identified through this initiative. The distribution of initial client intakes over the past four years is depicted below.

Client Intake 1998 through 2001
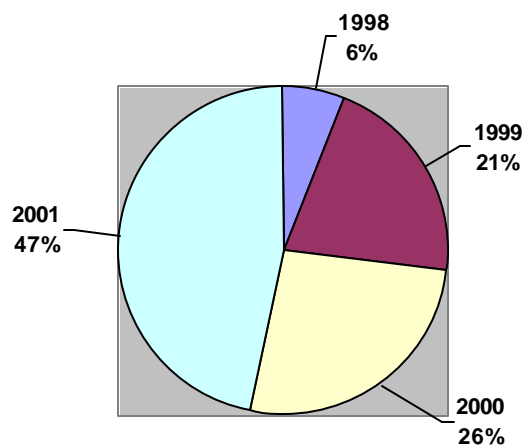
3. Most Recent Update of Client Record

Ryan White funded clients are required to have their eligibility status reevaluated every six months and documented in client records. This variable serves several purposes; first it validates the provider's compliance to an administrative requirement. Secondly, it provides some measurement of client adherence to services, or at least continued enrollment with the service provider.

Most Recent Update of Client's record

	2000	2001	2002	No Update
	15	9499	227	831
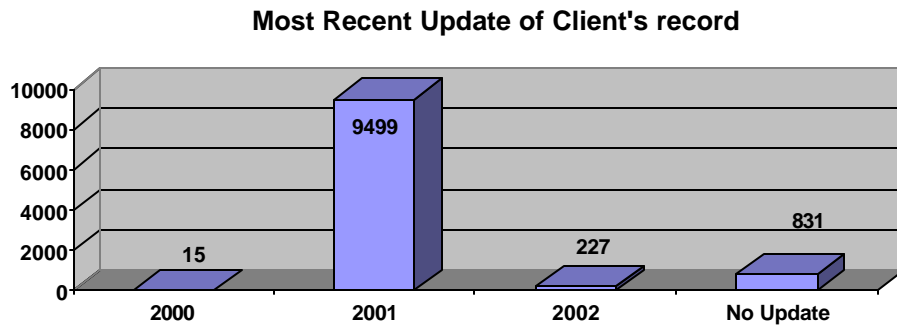
4. Zip Code of Residence

Distribution of Client Residence
by EMA Area

Queen Anne County 0%
Outside EMA 5%
No Data Submitted 10%
Incomplete ZIP 0%
Howard County 2%
Harford County 2%
Carroll County 1%
Baltimore City 68%
Baltimore County 8%
Anne Arundel 4%
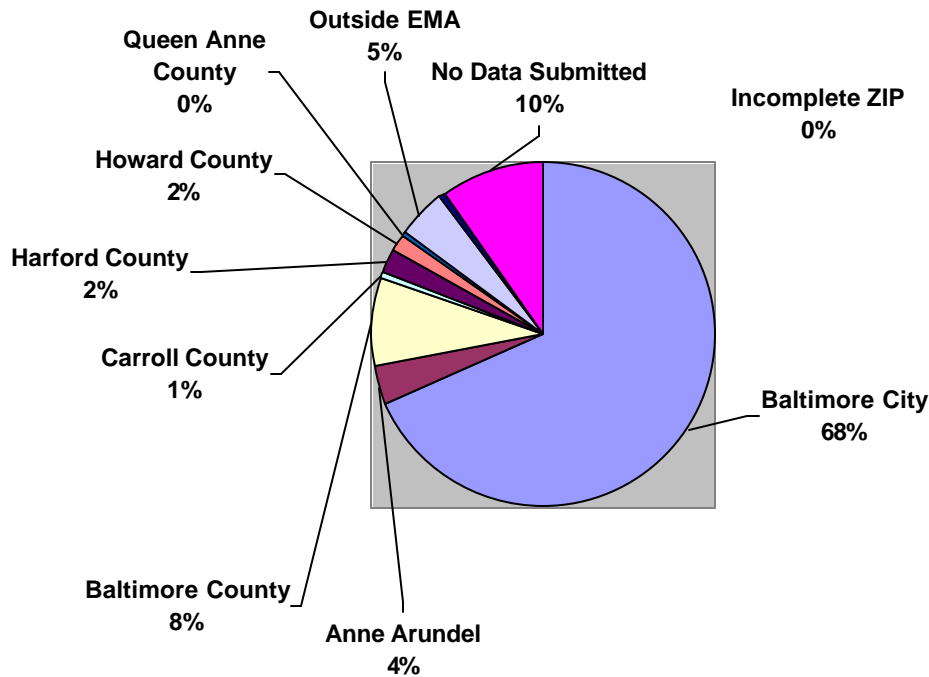
The largest number of clients resided in Baltimore City during the year (68.4%). N=1,071 or 10% of the clients identified did not have a valid zip code or did not submit any data. It's notable that clients having zip codes outside of the Baltimore EMA totaled 4.9%.

Table 2 – Client Residence By County

County	Number of Clients
Anne Arundel County	387
Baltimore City	7,232
Baltimore County	865
Carroll County	73
Harford County	220
Howard County	170
Queen Anne County	36
Outside of EMA	518
Incorrect or Missing Data	1,071
Total	**10,572**

The Baltimore City HIV/AIDS Epidemiological Profile – December 31, 2001 report broke out the zip codes below for the Baltimore City area. In comparison with these zip codes, the Unduplicated Client-Level Initiative data on average documented 66% of the client base identified by the surveillance office. The percentage increase slightly to 67% when comparing all clients in Baltimore City.

Zip Code	HIV/AIDS Epidemiological Profile	Percentage of Ryan White Clients	Unduplicated Client Initiative
21201	728	84%	618
21202	1,016	52%	536
21205	526	49%	260
21213	303	78%	239
21215	1,157	51%	596
21216	657	83%	550
21217	1,446	63%	919
21218	1,022	64%	656
21223	830	61%	511
21229	487	76%	371
Rest of City	2,822	72%	2,059

5. Date of Birth

The mean age of adult clients in the QIP Case Management review was 42.9 years, with males being slightly older than females (43.6 vs. 41.3 years). In comparison, the mean age of adult clients in the Unduplicated Client-Level Initiative was 42.15, with males also being slightly older than females (43.02 vs. 40.81).

Age range	QIP Case Management Review	Unduplicated Client-Level Data Initiative	Baltimore City HIV/AIDS Epi Profile
13 to 19 years	1 (< 1%)	235 (2.39%)	179 (1.5%)
20 – 29	21 (5%)	702 (7.15%)	1,858 (15.5%)
30 – 39	121 (32%)	3,061 (31.17%)	5,141 (42.82%)
40 – 49	181 (44%)	4,261 (43.39%	3,553 (29.6%)
50 – 59	58 (14%)	1,303 (13.27%)	820 (6.8%)
60 +	11 (3%)	258 (2.63%)	259 (2.2%)
Missing/Not documented	8 (2%)	0	0 (0.00%)
Total Clients	411 (100%)	9,820 (100%)	12,008 (100%)
Mean age (yrs)	42.9	41.09	Not Available
Min – Max (yrs)	19.8 – 85.5	13 - 91	Not Available

Of interest are the consistent average 2% rate for persons older than 60 years, and the maximum age of clients 85.5 in the QIP reviews, and age 91 in the Unduplicated Client-Level Initiative. Possible areas for service related capacity building initiative are Home Health Care, which is not being fully utilized, and Adult Day, and Respite Care.

Age Distribution of Adult Clients
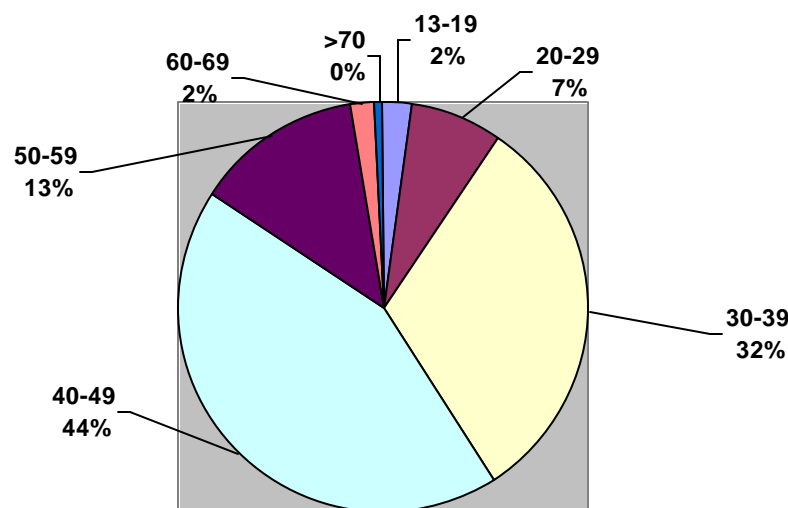
6. Gender

Slightly less than two-thirds of the adult clients are male (62%) or N=5,734, while females make up 38% N=3,642. Ten clients were identified as transgender. Gender could not be determined or was missing for 8 clients.

Summary of comparison between Unduplicated Client-Level Initiative and Baltimore City HIV/AIDS prevalence [1]

	Unduplicated Client-Level Initiative	Baltimore City HIV/AIDS Prevalence
% Adult Male	62%	63.2%
% Adult Female	38%	36.8%
% Ages 30 – 49 years	78%	72.4%
% Ages 50 – 59 years	13%	6.8%
% African-American	78.5%	89.0%
% White	14.6%	10.0%
% HIV, not AIDS diagnosis	42%	54.8%
% AIDS	30%	45.2%

Gender - Unduplicated Client-Level Initiative
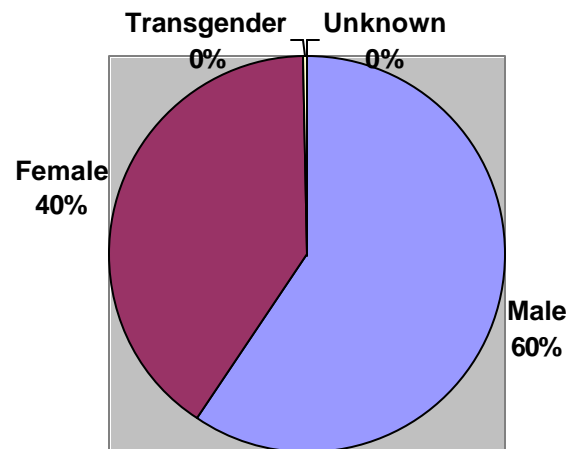
7. Racial/Ethnicity

The Baltimore HIV/AIDS Epidemiological Profile – December 31, 2001 reported 89% of adult clients are African-American, with whites being the second largest group, at 10%. The Unduplicated Client-Level Initiative identified African-Americans at 78.5%, with Whites posting 14.6%. No other racial group constituted more than 1%. The Hispanic (Any Race) category was .08% or N=79clients.

Racial/Ethnicity distribution by adult clients only

Race/Ethnicity	Number of Adult Clients And %
African-American	7625 (78.65%)
White	1482 (15.09%)
Hispanic	79 (0.80%)
Asian/Pacific-Islander	25 (0.25%)
Native American	9 (0.09%)
Other	38 (0.39%)
Missing/Not documented	562 (5.72%)
TOTAL	9,820 (100%)

Racial/ Ethnic Distribution of Adult Clients
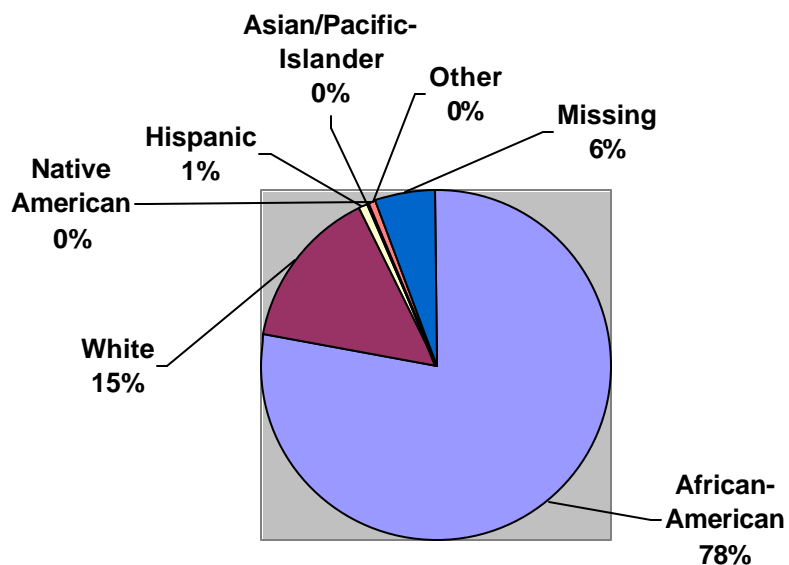
8. Private Insurance

About one quarter (24%) of all unduplicated records had private insurance marked as unknown or missing all together.

Table 3 – Clients with Private Insurance

Private Insurance	Frequency	Percentage
Yes	1,322	12.5
No	6,619	75.3
Unknown	853	8.1
Not Reported	1,778	16.0
Total	**10,572**	**100.0**

PRIVATE INSURANCE
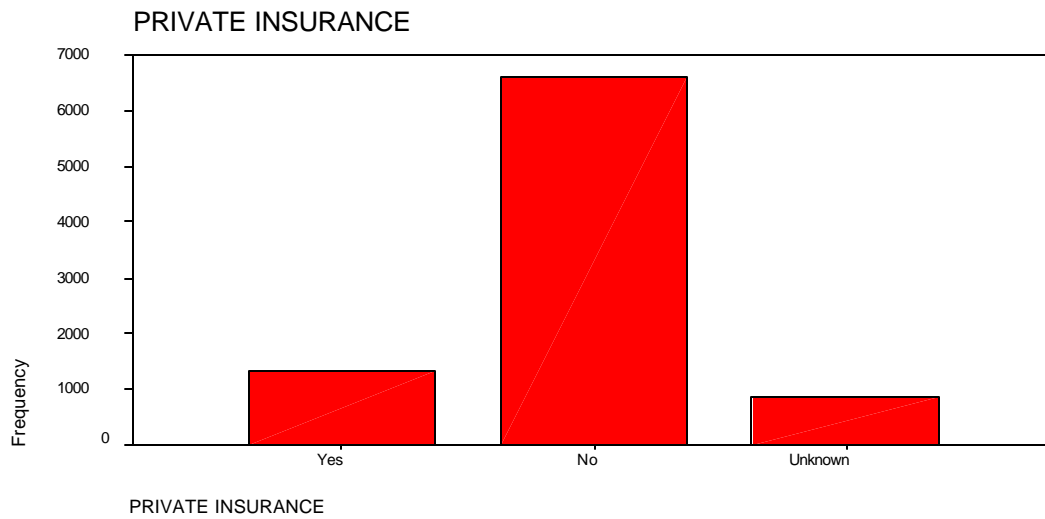
9. Medicaid

Table 4 – Clients with Medicaid

Medicaid Coverage	Frequency	Percentage
Yes	3,197	30.2
No	5,140	48.6
Unknown	639	6.0
Not Reported	1,596	15.1
Total	**10,572**	**100.0**

No response was received for 15.1% of the clients identified.

MEDICAID
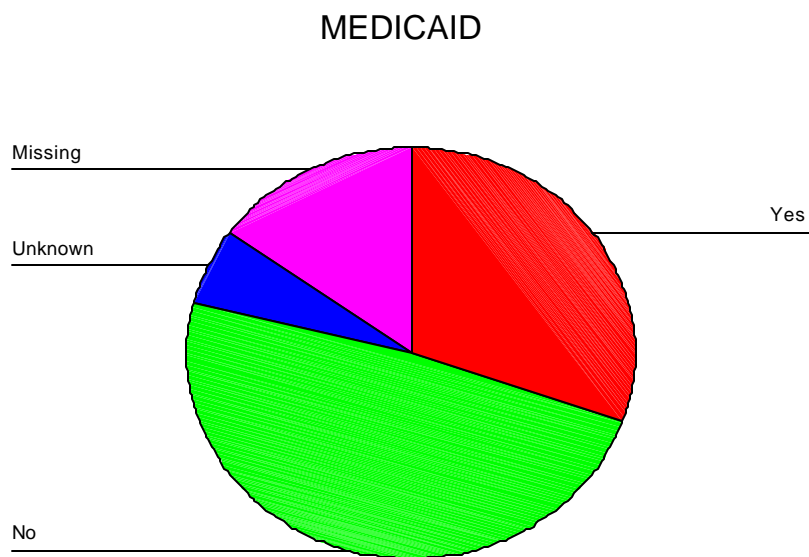
10. Other Public Insurance

Table 5 – Clients with Other Public Insurance

	Frequency	Percentage
Yes	1,700	16.1
No	4,692	44.4
Unknown	2,184	20.7
Not Reported	1,996	18.9
Total	**10,572**	**100.0**

OTHER PUBLIC INSURANCE

OTHER PUBLIC INSURANCE
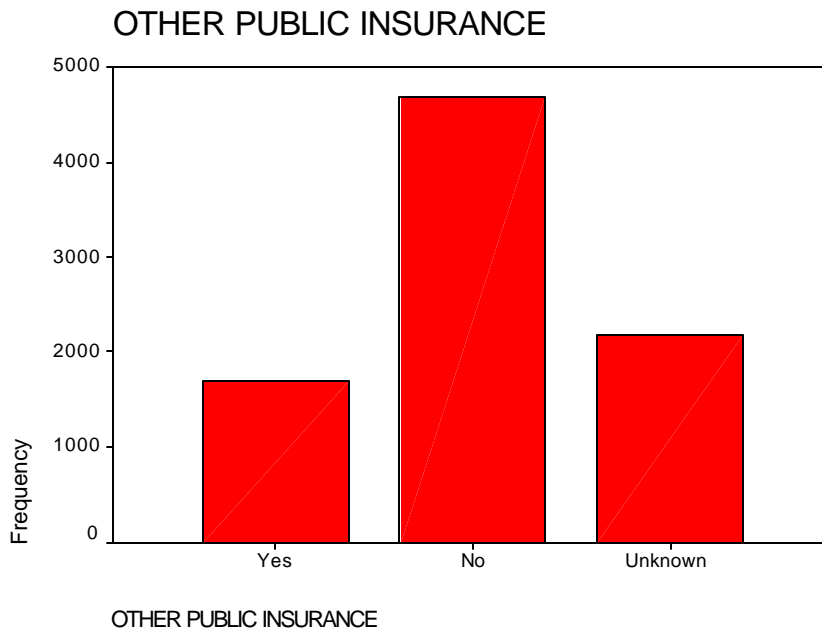
11. HIV Diagnosis

There are 9.6% of the clients report HIV negative, and another 16.1% with no entry at all. Further technical assistance is required of providers to reduce this figure. Every client's HIV status must be established prior to services being charged to Ryan White. Although it is possible to have some percentage of HIV negative clients, this initial data set will not extrapolate that information.

Table 6 – Clients Who Are HIV Diagnosis

	Frequency	Percentage
HIV Positive	4,643	43.9
AIDS-Defined	3,212	30.4
HIV Negative	1,020	9.6
Not Reported	1,697	16.1
Total	**10,572**	**100.0**

HIV DIAGNOSIS
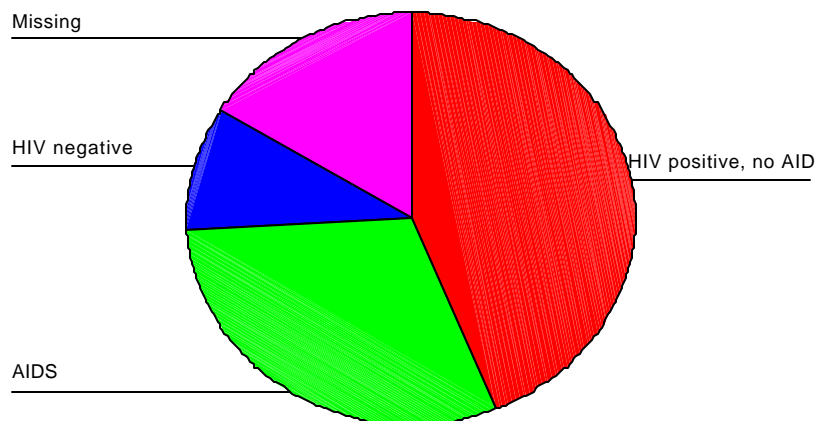
12. HIV Positive Year

Table 7 – Year Client was Diagnosed With HIV

Year of Diagnoses	Frequency
1980	2
1981	4
1982	4
1983	3
1984	6
1985	14
1986	18
1987	40
1988	51
1989	46
1990	60
1991	79
1992	94
1993	73
1994	88
1995	110
1996	128
1997	129
1998	210
1999	301
2000	321
2001	410
2002	6
Subtotal	**2197**
Year Unknown	2493
Missing	5882
Total	10572

Providers were able to document the year of diagnoses for only 20% of the clients. This low number indicates another data variable to address in future administrative technical assistance visits. Since clients are required to provide documentation as to their status, it was expected that this element would be higher.

13. Source of HIV Status

There was less than a 15% response rate for this question. Providers reported this data element as being difficult to extract or non-existent in client records. No information is provided for this data element. This data element will be removed from the FY 2002 data dictionary.

14. Source of AIDS Status

There was less than a 15% response rate for this question. Providers reported this data element as being difficult to extract or non-existent in client records. No information is provided for this data element. This data element will be removed from the FY 2002 data dictionary.

15. CD4 Count

Table 8 – Clients CD4 Counts

	Frequency	Percentage
Less than 200	2,305	21.8
200 to 500	2,746	26.0
Greater than 500	1,692	16.0
Unknown	2,159	20.4
Not Reported	1,670	15.8
Total	**10,572**	**100.0**
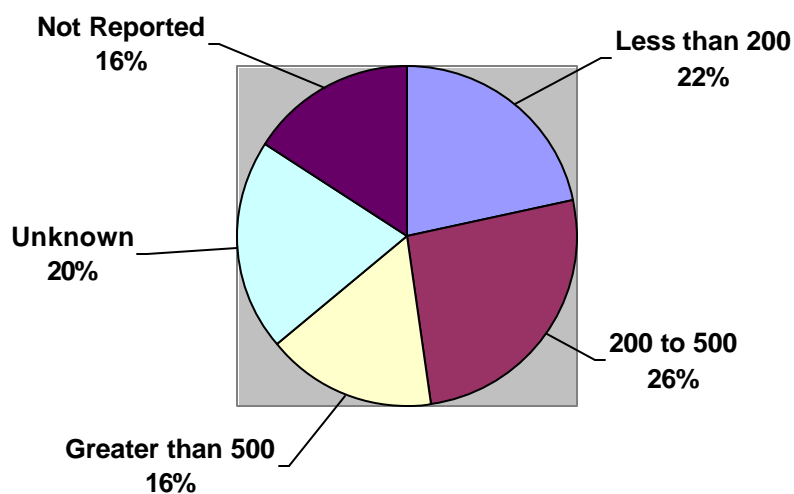
16. Viral Load Counts

Table 9 – Clients Viral Load Counts

	Frequency	Percentage
Test Results Reported	5,357	50.67%
Test Results Unknown	3,239	30.64%
Data Not Reported	1976	18.69%
Total	**10,572**	**100.0**

For this data element, we were not able to break out the testing type, (RT-PCR or bDNA). Of the 50.67% reporting at least one test being taken during the period the mean viral load was 51,459, with a range of 0 to 2,644,382. With only half of the service providers being able to report this information, BCHD will be conducting follow up with service providers to ensure compliance to the local Standards of Care, which call for at minimum, three periodic viral loads annually.

17. Is Client Homeless

The possible responses to this question were "yes", "no", or "unknown". The response rate for this question was 68% or (N=7,189). Of this number, 5.6% or N=597 reported being homeless.

The special population of Women made up 31% or N=189 of all client reported homeless. The mean age of women is 39.54. The majority of women fell into two age ranges; 50.20% were 40 to 49 years old, while the next largest group 29.60% fell into the age range of 30 to 39. 56% of homeless women were reported being substance abusers. 33% or N=64 were identified as having an active psychiatric illness.

The break out of clients experiencing co-morbidity factors was 23% or N=138 inclusive of women and men. This included those clients reporting having substance abuse and psychiatric illness to address. 25% of all women N=48, and 23% of all male clients N=90 fell into the classification of requiring co-morbidity services.

Table 10 – Homeless Clients Who Have Active Substance Abuse Issues

	Frequency	Percentage
Yes	305	51.1
No	22	3.7
Unknown	163	27.3
Missing	107	17.9
Total	**597**	**100.0**

Table 11 – Homeless Clients Who Have Active Psychiatric Illness

	Frequency	Percentage
Yes	205	34.3
No	83	13.9
Unknown	202	33.8
Missing	107	17.9
Total	**597**	**100.0**

18. Is Client a Substance Abuser

The possible responses to this question were "yes", "no", or "unknown". *No other data elements were requested to further break out the type of substance abuse.* The response rate for this question was 71% or (N=7,511). Of this number, 15.5% or N=1,161 reported being a substance abuser. 57.4% were male, and female made up 42.3% of this group. Additionally, N=3 clients identified as transgender are included. The mean age of substance abuse clients is 41.01. Almost half 49.50% of the clients fell into the range age of 40 to 49, while 29.50% were in the 30 to 39 range.

Table 12 – Is Client A Substance Abuser

	Frequency	Percentage
Yes	1,161	10.98%
No	1,968	18.62%
Unknown	4,382	41.45%
Not Reported	3,061	28.95%
Total	**10,572**	**100.0**

The chart below reflects only N=7511 valid responds to the question.

ACTIVE SUBSTANCE ABUSE
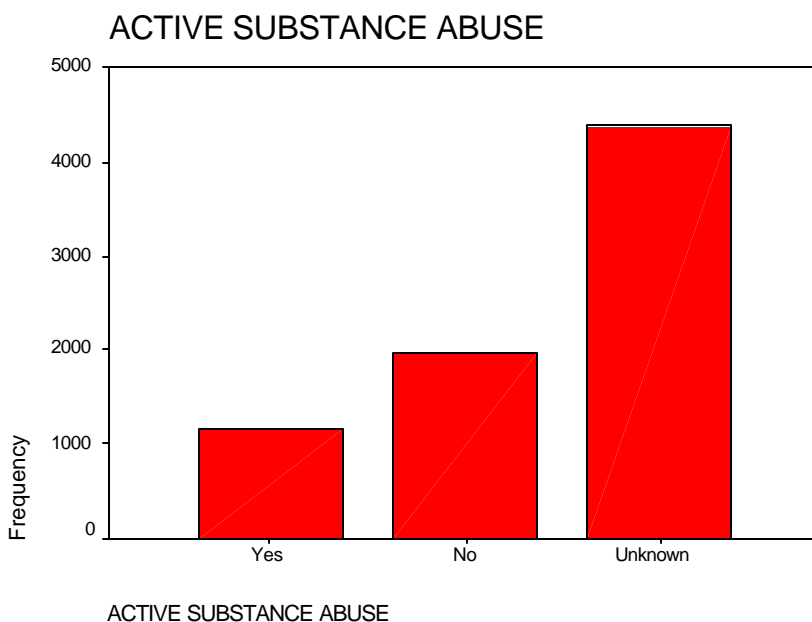
19. Does Client Have An Active Psychiatric Illness

The possible responses to this question were "yes", "no", or "unknown". The response rate for this question was 71% or (N=7,530). Of this number, 12.59% or N=948 reported having an active psychiatric illness. 59.7% were male, and female made up 40.1% of this group. Additionally, N=2 clients identified as transgender are included. The mean age of clients with a psychiatric illness is 41.08. Almost half 45.90% of the clients fell into the range age of 40 to 49, while 28.30% were in the 30 to 39 range.

Table 13 – Does Client have An Active Psychiatric Illness

	Frequency	Percentage
Yes	948	13%
No	6,582	87%
Unknown or Not Reported	3,042	N/A
Total	**10,572**	**100.0**

20. Primary Health Care Source

The responses to this question parallel the choices available on the Annual Administrative Report.   The response rate for this question was 75% or (N=7,995).

Table 14 – Source of Primary Medical Care

	Frequency	Percent
Solo/group private practice, not HMO	33	.4
HMO	101	1.3
Public -funded community health center	916	11.5
Hospital outpatient clinic/department	3211	40.2
Emergency Room	5	.1
VA or military hospital	18	.2
Other public clinic or department	285	3.6
Other private community based organization	1365	17.1
Other	13	.2
None	129	1.6
Unknown	1919	24.0
Total	**7995**	**100.0**

PRIMARY HEALTH CARE SOURCE
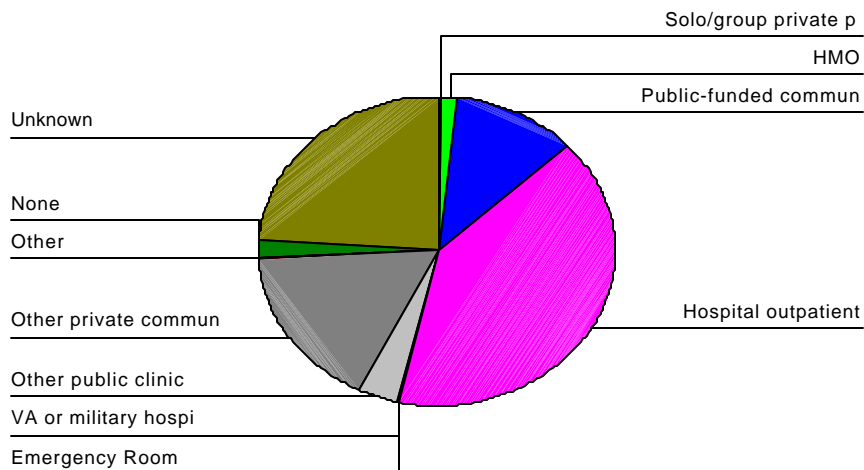
21. Tuberculosis Status

This question was included to gather some level of medical outcome data. The response rate for this question was 63% or (N=6,673). Only one client of the 88 identified with an active TB status are not linked to a medical care provider. All 209 clients with an inactive status are linked to a medical care provider.

Table 15 – Tuberculosis Status

	Frequency	Percent
Active	88	1.3
Inactive	209	3.1
No TB	2323	34.8
Unknown	4053	60.7
Total	**6673**	**100.0**

Table 16 – Active Tuberculosis Status

Source of Treatment	Frequency	Percent
Solo/group private practice, not HMO	1	1.1
Public-funded community health center	2	2.3
Hospital outpatient clinic/department	84	95.5
Unknown	1	1.1
Total	88	100.0

Table 17 – Inactive Tuberculosis Status

Source of Treatment	Frequency	Percent
Solo/group private practice, not HMO	1	.5
Public -funded community health center	9	4.3
Hospital outpatient clinic/department	192	91.9
Other public clinic or department	5	2.4
Other private community based organization	2	1.0
Total	**209**	**100.0**

TUBERCULOSIS STATUS
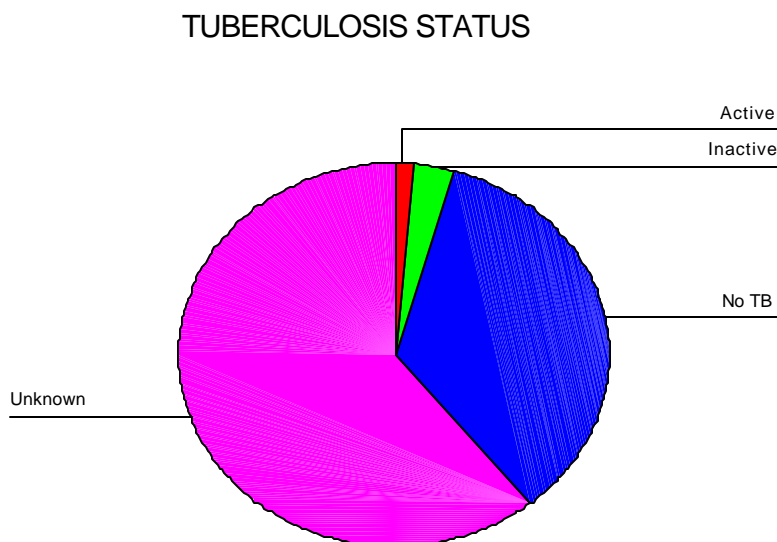
22. Tuberculosis Treatment Status

This question was included to gather some level of medical outcome data. The response rate for this question was 62% or (N=6,603). Possible responses to this question were client is "In Treatment", "Prophylaxis", None, or Unknown. Only N=18 clients were coded as in treatment, and another N=89 in prophylaxis. All clients identified were linked to a medical care provider.

PRIMARY HEALTH CARE SOURCE
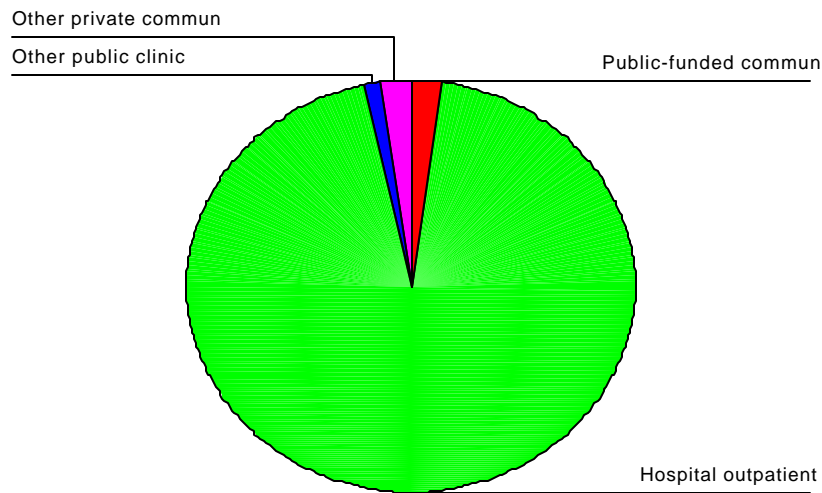
23. Was PPD Performed in the Last Year

This question was included to gather some level of medical outcome data. The response rate for this question was 65% or (N=6,900). Possible responses to this question were Yes, No, Unknown.

Table 18 – PPD Performed in the Last Year

PPD Test	Frequency	Percent
Yes	785	11.4
No	1,285	18.6
Unknown	4,830	70.0
Total	**6,900**	**100.0**

24. Results of Last PPD Performed

A PPD test was performed on 785 clients in FY 2001, just 7% of clients identified N=10,572. Of this number 95 clients 0.90% were positive. They are all linked to a primary medical care provider.

25. Is Client Anergic

There was less than a 15% response rate for this question. Question removed.

Questions 26 through 31 document a client's primary HIV exposure category. A person with more than one risk is reported only once following hierarchy of category classifications listed. The possible responses to this question were "yes", "no", "not applicable" or "unknown". On average, 8,193 client responses (77%) were received for exposure categories.

All Risk Categories Responding "Yes"

Mother at Risk 6%
Blood Transfusion 1%
MSM 19%
Other/Undetermined 6%
Heterosexual 29%
IDU 39%
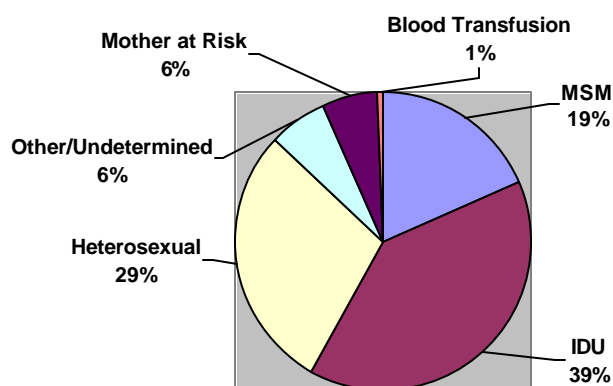
26. HIV Exposure Category - MSM

Further breaking down the "Yes" responses, 44% or N=590 are HIV positive, and 37% or N=500 are diagnosis with AIDS. The mean age of this group is 40.25 years old. The largest racial group is African-Americans at 61%, followed by Whites representing 35%. No other one single racial/ethnic group except Hispanics represented at least 1%.
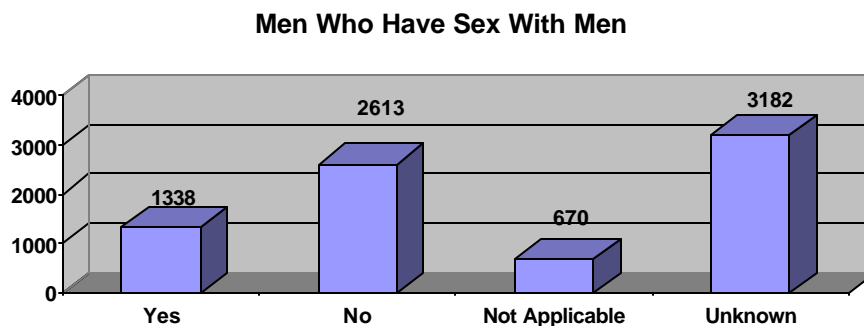
- On average 347 clients were reported as having some form of insurance through either private, Medicaid, or other public insurance sources.

- 3% are homeless.

- 5% are substance abusers

- 7% have an active psychiatric illness

- Less than 1% have an active tuberculosis status

- 10% had a PPD test performed in the last year

- The top five zip codes of residence for this group are 21218 (7.9%), 21201 (7.8%), 21217 (7.8%), 21202 (6.1%), and 21215 (4.7%)

- 14% or N=200 clients in this group reported living in one of the six surrounding Counties, with Anne Arundel County representing 5% of this group.

Table 19 – HIV Exposure Category – Men Who Have Sex With Men

|	Frequency	Percent
Yes	1,338	17.1
No	2,613	33.5
Not Applicable	670	8.6
Unknown	3,182	40.8
Total	**7,803**	**100.0**

Men Who Have Sex With Men

27. HIV Exposure Category - IDU

Further breaking down the "Yes" responses, 44% or N=590 are HIV positive, and 37% or N=500 are diagnosis with AIDS.   The mean age of this group is 42.69.25 years old. The largest racial group is African-Americans at 86.3%, followed by Whites representing 11.8%. No other one single racial/ethnic group represented at least 1%.

- Males represented 59.8%, female 41.1%, and .1% or N=3 transgender

- On average 603 clients reported having some form of insurance through either private, Medicaid, or other public insurance sources.

- 12.2% are homeless.

- 20.0% are substance abusers

- 11.7% have an active psychiatric illness

- 2.2 % have an active tuberculosis status

- 13.6% had a PPD test performed in the last year

- The top five zip codes of residence for this group are 21217 (8.2%), 21201 (7.8%), 21218 (7.3%), 21202 (6.9%), and 21216 (6.9%)

- 9% or N=269 clients in this group reported living in one of the six surrounding counties, with Anne Arundel County representing 4.7% of this group.

Table 20 – HIV Exposure Category – Injection Drug Users

|	Frequency	Percent
Yes	2,798	34.4
No	1,983	24.4
Not Applicable	154	1.9
Unknown	3,206	39.4
Total	**8,141**	**100.0**

Injection Drug Users
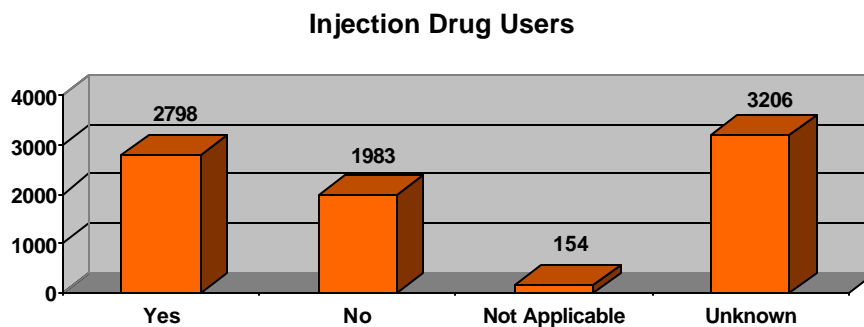
28. HIV Exposure Category - Heterosexual

Further breaking down the "Yes" responses, 51.6% are HIV positive, and 32.2% are diagnosis with AIDS.   The mean age of this group is 40.01 years old. The largest racial group is African-Americans at 86.2%, followed by Whites representing 10.4%. No other one single racial/ethnic group represented at least 1%.

- Males represented 39.1%, female 60.8%

- On average 455 clients reported having some form of insurance through either private, Medicaid, or other public insurance sources.

- 9.3% are homeless.

- 14.3% are substance abusers

- 11.5% have an active psychiatric illness

- 1.1 % have an active tuberculosis status

- 9.3% had a PPD test performed in the last year

- The top five zip codes of residence for this group are 21217 (8.5%), 21215 (6.3%), 21218 (6.1%), 21216 (5.2%), and 21201 (5.0%).

- 13% or N=277 clients in this group reported living in one of the six surrounding counties, with Anne Arundel County representing 5.9% of this group.

Table 21 – HIV Exposure Category – Heterosexual

|	Frequency	Percent
Yes	2,077	26.1
No	2,277	28.6
Not Applicable	219	2.8
Unknown	3,386	42.5
Total	**7,959**	**100.0**

Heterosexual
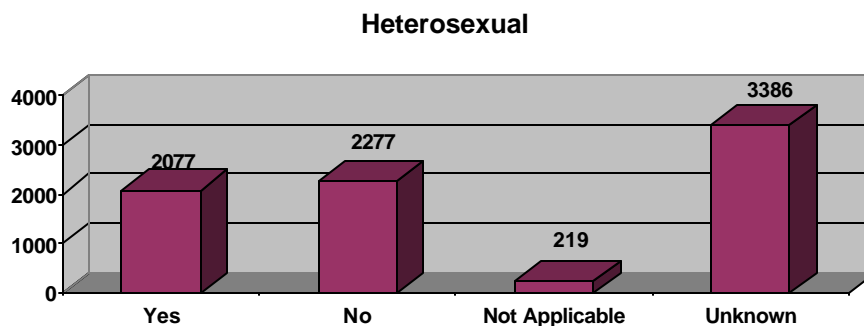
29. HIV Exposure Category - Other/Undetermined

Further breaking down the "Yes" responses, 51.0% are HIV positive, and 27.2% are diagnosis with AIDS.   The mean age of this group is 42.26 years old. The largest racial group is African-Americans at 72.4%, followed by Whites representing 18.5%, and Hispanic with 2.6%. No other one single racial/ethnic group represented at least 1%. Males represented 68.7%, female 31.3%.

- On average 78 clients reported having some form of insurance through either private, Medicaid, or other public insurance sources.

- 8.2% are homeless.

- 7.5% are substance abusers

- 8.2% have an active psychiatric illness

- 0.4 % have an active tuberculosis status

- 11.0% had a PPD test performed in the last year

- The top five zip codes of residence for this group are 21201 (10.8%), 21217 (7.3%), 21218 (5.3%), 21223 (5.1%), and 21215 (4.6%).

- 14% or N=67 clients in this group reported living in one of the six surrounding Counties, with Anne Arundel County representing 6.6% of this group.

Table 22 – HIV Exposure Category – Other/Undetermined

	Frequency	Percent
Yes	453	6.4
No	2,991	42.0
Not Applicable	458	6.4
Unknown	3,215	45.2
Total	**7,117**	**100.0**

Other/Undetermined
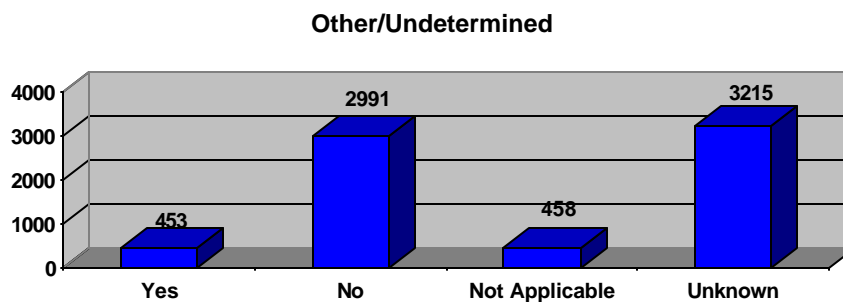
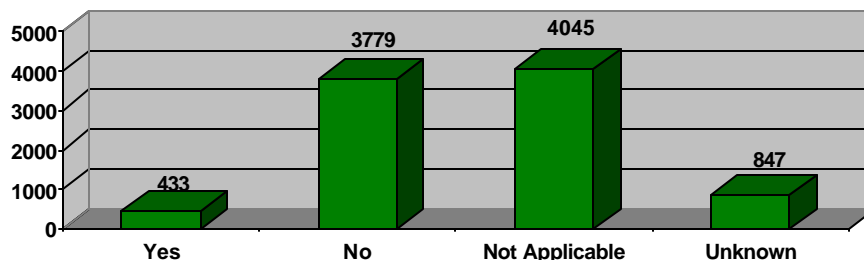### 30. HIV Exposure Category - Mother With or at Risk for HIV Infection

Further breaking down the "Yes" responses, 70.0% are HIV positive, and 14.3% are diagnosis with AIDS.   The mean age of this group is 5.90 years old. The largest racial group is African-Americans at 92.6%, followed by Whites representing 6.5%. No other one single racial/ethnic group represented at least 1%.

- Males represented 48.5%, female 51.5%
- On average 117 clients reported having some form of insurance through either private, Medicaid, or other public insurance sources.
- 0.2% are homeless.
- 0.7% are substance abusers
- 0.9% have an active psychiatric illness
- 0.5 % have an active tuberculosis status
- 1.4% had a PPD test performed in the last year
- The top five zip codes of residence for this group are 21215 (9.2%), 21217 (6.7%), 21218 (6.7%), 21213 (6.5%), and 21223 (5.5%).
- 15% or N=67 clients in this group reported living in one of the six surrounding
- counties, with Anne Arundel County representing 8.1% of this group.

Table 23 – HIV Exposure Category – Other/Undetermined

	Frequency	Percent
Yes	433	4.8
No	3,779	41.5
Not Applicable	4,045	44.4
Unknown	847	9.3
Total	**9,104**	**100.0**

Pediaric - Mother With or at Risk for HIV Infection

## 31. HIV Exposure Category - Coagulation Disorder/Blood Transfusion

Further breaking down the "Yes" responses, 59.5% are HIV positive, and 19.0% are diagnosis with AIDS.   The mean age of this group is 30.36 years old. The largest racial group is African-Americans at 38.1%, followed by Whites representing 9.5%, and Unknown accounted for 50.0%. No other one single racial/ethnic group represented at least 1%. Males represented 81.0%, female 19.0%.

- On average 10 clients reported having some form of insurance through either private, Medicaid, or other public insurance sources.
- No clients reported being homeless. N=7 clients did not respond to question.
- 11.9% are substance abusers
- 16.7% have an active psychiatric illness
- No clients were reported in an active tuberculosis status. There was an 81% no response rate to this question
- No clients were reported receiving a PPD in the last year. There was an 71% no response rate to this question
- No zip code reported more than 2 clients.
- 26% or N=11 clients in this group reported living in one of the six surrounding counties, with Harford County representing 11.9% of this group.

Table 24 – HIV Exposure Category – Coagulation Disorder/Blood Transfusion

	Frequency	Percent
Yes	42	.5
No	4,361	48.3
Not Applicable	3,741	41.4
Unknown	887	9.8
Total	**9,031**	**100.0**

Pediatric - Coagulation Disorder/Recipient of Blood Transfusion
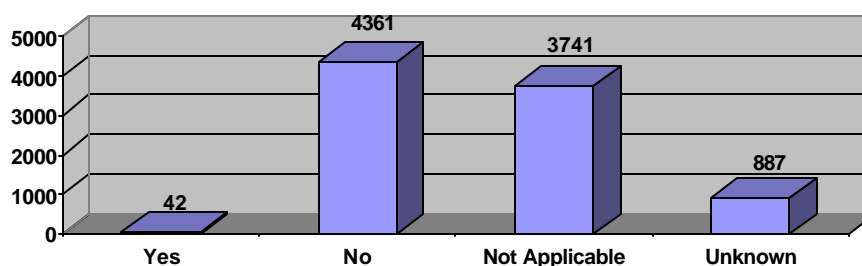
32. Women, Infants, Children and Youth

For FY 2003 to comply with CARE Act mandates, the EMA will have to meet the proportionate Women, Infant, Children and Youth (WICY) spending requirement separately for each priority population, rather than base funding allocations on aggregate expenditures for services to all WICY, which is the current practice. Of the 10,572 unduplicated clients identified, 45% or N=4,768 fall within the reporting scope of WICY.

For FY 2002, the Baltimore EMA reported that WICY were 28.96% of the clients served. This was based on the "Estimated Living Cases with AIDS as reported by the Center of Disease Control for the period ending 6/30/2000 to compute the percentage of WICY.   This was the source data provided by HRSA in computing the ratio of WICY for FY 2001. That's a 16% difference in the number of WICY based on identified unduplicated clients served in FY 2001. This increase will have a major impact in how services are identified, and the amount of funding allocated across all service categories for FY 2003.

Summary of Woman, Infants, Children, and Youth

	As of 6/30/2000 CDC Reported	As of 12/31/01 Baltimore EMA Report	Epidemiological Profile December 31, 2001
% Women	27.08%	34%	36.8%
% Infants under 2 years	.04%	2%	1.4%[2]
% Children 2 through 12 years	.81%	4%	0.2%
% Youth 13 through 24 years	1.04%	4%	1.5%
Accumulative Total	28.96%	44%	39.9%

Women, Infants, Children, Youth (WICY)

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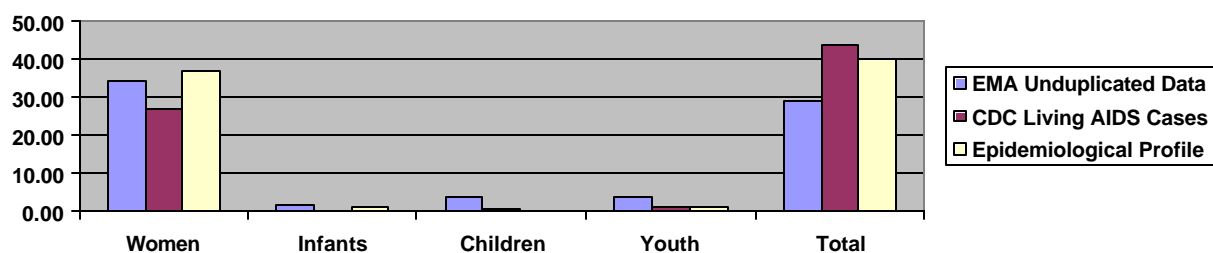
[2] Baltimore City HIV/AIDS Epidemiological Profile – December 31, 2001, section IV – Baltimore City HIV and AIDS Case Demographics reported Infants < 5 years old, Children between the age of 5 and 12, Youth between 13 and 19.

The Unduplicated Client-Level Initiative provided the Baltimore EMA with its first documented and verifiable profile of clients served through the Ryan White Title I program in 10 years. BCHD has observed through this process that in order to meet the data requirements and reporting needs of the Planning Council and HRSA, the present arrangement whereby service providers only report performance measure data every month is woefully inadequate. BCHD has therefore decided to utilize the FY 2001 data collected, to establish a baseline client-level centralized database.

Associated Black Charities as the new Administrative Agent for Title I will be provided the database, and be responsible for maintaining it going forward. They will work closely with BCHD, the Planning Council, other HIV/AIDS agencies, and the Title I network of service providers to refine and implement future refinements to this system.

In preparation for this requirement, all FY 2002 Title I service providers who required computer hardware to support their data collection process were issued complete computer systems at no cost. The equipment is capable of using the AIMS application.

Several key findings identified included:

- Title I funded services were provided to N=10,572 eligible clients within the Baltimore EMA. [1]In comparisons to the latest Epidemiological Profile that reported N=14,679 HIV/AIDS clients in the EMA, this initiative was successful in identifying 72% of the identified clients in the Baltimore EMA.

- The mean age of the Ryan White client is 41.09 years old. 15.90% of all Ryan White clients identified were age 50 and over. The oldest reported Ryan White client served was 91 years old. Does the EMA have adequate services to address the needs of this ageing population?

- 5.5% of the reported clients n=515 reside outside of the EMA.

- 10.98 % of the clients responded, "Yes" for being a substance abuse user.

- [4]The homeless population was identified as 5.6% from n=7,189 responding to the question. Previously, this sub-population was projected to be around 13% of the eligible Baltimore EMA clients.

- 45% of the clients identified fell into the reporting scope of Women, Infant, Children, and Youth.   This is a 16% increase over what was reported in the FY 2001 Annual WICY Report to HRSA.

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[1] Baltimore City HIV/AIDS Epidemiological Profile for the period ending December 31, 2001
[4] Baltimore EMA Fiscal Year 2002 Title I Application to HRSA

Based on the success of this initiative, Associated Black Charities as the Administrative Agent will continue in FY 2002 to collection of unduplicated client-level data from all Title I direct service providers. The FY 2001 data will serve as a baseline to further document new client enrollment, to measure changes in CD4 and Viral Load levels, and to overall establish a clearer client profile of the Baltimore EMA.

Several data elements requested from providers in FY 2001 will be deleted from further request. This is based on the usefulness of the information and/or the difficulty providers have in extracting the information. BCHD and ABC will continue working with the Planning Council and service providers to ensure the information requested is realistic and needed.

References

1. Baltimore City HIV/AIDS Epidemiological Profile for the period ending December 31, 2001

2. FY 2002 CARE Act Data Report, Health Resources & Services Administration Case Management Services Agency Survey, January 2002

3. Case Management Standards, Greater Baltimore HIV Health Services Planning Council, Ratified 1988

4. Central Regional Work Group Report, HIV Prevention for 2001 – 2003, dated Feb 3, 2000

5. Baltimore Eligible Metropolitan Area Title I Fiscal Year 2002 Applications